


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 2269-6981.2US (1996-0723.02/US)	
Application Number 09/392,034		Filed September 8, 1999	
For <b>METHOD FOR FORMING A SELF-ALIGNED ISOLATION TRENCH</b>			
Art Unit 2814		Examiner A. Mai	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u> . I have enclosed a duplicate copy of this sheet. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,867</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
 Krista Weber Powell Typed or printed name		July 13, 2009 Date 801-532-1922 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<b>VIA ELECTRONIC FILING</b> <b>July 13, 2009</b>			